

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082422

FILED
Jul 26, 2004
Secretary of State

Entity Name: CENTER FOR HIGH RISK PREGNANCY, P.A.

Current Principal Place of Business:

1717 NORTH "E" ST., STE. 425
PENSACOLA, FL 32501

New Principal Place of Business:

1717 NORTH "E" STREET
SUITE 425
PENSACOLA, FL 32501

Current Mailing Address:

1717 NORTH "E" ST., STE. 425
PENSACOLA, FL 32501

New Mailing Address:

1717 NORTH "E" STREET
SUITE 425
PENSACOLA, FL 32501

FEI Number: 59-3730788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHER, JAMES E III
1717 NORTH "E" ST., STE. 425
PENSACOLA, FL 32501

Name and Address of New Registered Agent:

MAHER, JAMES E III
1717 NORTH "E" STREET
SUITE 425
PENSACOLA, FL 32501

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES E. MAHER III, M.D.

07/26/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAHER, JAMES E
Address: 1717 NORTH E ST STE 425
City-St-Zip: PENSACOLA, FL 325016333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAHER, JAMES E M.D.
Address: 1717 NORTH E ST STE 425
City-St-Zip: PENSACOLA, FL 325016333

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. MAHER M.D.

P

07/26/2004

Electronic Signature of Signing Officer or Director

Date